

To be completed by State Office – Date Received: \_\_\_\_\_

**Grant Application Signature Page**  
**State of Kansas Department of Health and Environment**

**Grant Period: July 1, 2016 – June 30, 2017**

1000 SW Jackson, Suite 340  
Topeka, Kansas 66612-1365

This form, complete with signatures, is required to complete your Aid to Local application package.  
Upload to Catalyst as an attachment on the Organization Summary Page.  
All applications due March 15, 2016.

Applicant: (Name of Agency) Catholic Charities Inc. - Diocese of Wichita

Street Address/PO Box 437 N. Topeka Street

City Wichita Zip Code 67202

Name of Director Mike Burrus

Primary Contact Martha McCabe

Telephone of Primary Contact 316-264-8344, ext. 1264

Child Care Licensing Program	
Chronic Disease Risk Reduction	
Community-Based Primary Care Clinic Grant	
Disease Intervention	
Family Planning	
Healthy Family Services	
HIV Prevention Program – Community	
HIV Prevention Program – Opt Out	
Immunization Action Plan	
Maternal & Child Health	
Pregnancy Maintenance Initiative (PMI)	\$62,630
PREP	
Public Health Emergency Preparedness	
Ryan White	
Special Health Care Needs	
State Formula	
Teen Pregnancy Targeted Case Management	
WIC/ICP Collaborative	
<b>Total Funds Requested:</b>	<b>\$62,630</b>

**Signatures:**



**Arlin Beer, Chairman of Board**  
President/Chairman Local Board of Health or Board of Directors

Date: 3/8/16



**Mike Burrus, Executive Director**  
Administrator/Director

Date: 3/8/16